

# Foster Family Home - Corrective Action Report

Provider ID: 1-200030

Home Name: Wilfreda Molina, NA

94-277 Kahuawai Street

Waipahu HI 96797

Review ID: 1-200030-1

Reviewer: David Ayling

Begin Date: 8/3/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 9/3/20.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No 1st year APS/CAN and fingerprints for HHM #1.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance for HHM #1.

David Ayling RV  
Compliance Manager

Hinu  
Primary Care Giver

8/3/2020  
Date


8/3/2020  
Date

CTA RN Compliance Manager: DAVID AYLTON, RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: WILFREDA MOLINA

CCFFH Address: 94-277 KAHUAWAI STREET WAIPAHU HI 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8a(1)(2) 4(f)(1)	Removed 1st Household name 	9/24/20	Renew papers, before 1 year like, field print APS, CAN, first Aid & CPR, crim, TB test

☒ All items that were fixed are attached to this CAP

PCG's Signature: WPM

Date: 9/24/2020

☒ CTA has reviewed all corrected items